



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## CHILD SUPPORT REFERRAL CONTINUATION

INFORMATION ABOUT THE CHILDREN FOR WHOM YOU WANT CHILD SUPPORT – CONTINUATION			
<b>List only the children of the parents listed on page 1 of the <i>Child Support Referral</i> that <u>live in your home</u>.</b>			
Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where (County/State):	
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	
Child's Name (First/Middle/Last):	Sex:	Social Security Number	Did the father sign a paternity affidavit? <input type="checkbox"/> No <input type="checkbox"/> Yes
Date of Birth (Month/Day/Year):	Place of Birth (City/County/State/Country):		
Did the mother become pregnant with this child in Washington State? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, then where (County/State):	
Is there a support order for this child? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, date of order (Month/Day/Year):	If yes, place order entered (County/State/Tribe):	
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